



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141

FAX: (336) 431-2130

CITY OF ARCHDALE AUTOMATED DEBIT SERVICE

I (we) hereby authorize the City of Archdale to initiate debit entries to my (our) checking/savings account indicated below at the depository institution named below. This authorization is to remain in full force and effect until the City of Archdale has received written notification from me (or either of us) of its termination in such time and manner as to afford the City of Archdale and the depository institution a reasonable opportunity to act on it. If I (we) should change the depository institution, I (we) agree to give the City of Archdale a 30 day written notification so that steps can be made to change internal procedures.

Name(s) _____

Depository Name: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____
(Located in the bottom left side of check) (Located in the bottom right side of check.)

Signature and Date Required

Joint Accounts Require Both Signatures

Please attach a voided check or savings deposit ticket to this enrollment form to avoid any delays. This information will be kept confidential. Voided checking deposit tickets are not acceptable. It will be approximately sixty days from the receipt of this information before your debit service becomes effective. After this service becomes effective, your bill will indicate your account will be drafted. You may return this application and other information by mail, or you may place it in the drop box located at the front of the building. Thank you.